10/10/2007

UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

JUL 1 6 2008 AND MICHAEL W. BUBBINS
CLERK, U.S. DISTRICT COURT

IN FORMA PAUPERIS APPLICATION AND

Scottiflice				FINANCIAL AFFIDAVII			
	Plainti						
	v.						
	<i>(</i> &5	re to some		CASE NUMB	er 08 C 3	506	
	Defer	ndant(s)		JUDGE CASTILLO			
more i	information le the addi	n than the space that is pro itional information. Please	wided, attach one e PRINT:	or more pages that	ver the answer to any question refer to each such question re	number and	
declar	r_ out full pre re that I a omplaint/j	in the above epayment of fees, or a t i m unable to pay the cos	e-entitled case. n support of my sts of these proc In support of t	I'ms affidavit cor motion for appo- eedings, and that	astitutes my application (1) intment of counsel, or (2) be I am entitled to the relief ication/motion/appeal, I a	to proceed oth. I also sought in	
1.	I.D. #	ou currently incarcerated DOS 7-003501 u receive any payment fi	Name of pri	ison or jail:		on 2)	
2.	Month	ou currently employed? ily salary or wages: and address of employer	<i>O</i> □Ye	s Ano			
	a.	If the answer is "No": Date of last employme Monthly salary or was Name and address of l	ent: 2 ges: 2	000 MAT 100-	el Dervenille	2m	
	b.	Are you married? Spouse's monthly sala Name and address of e		s ANO	<u>, </u>		
3.	or any	one else living at the sa	ame residence i	received more th	, in the past twelve months an \$200 from any of the all boxes that apply in each	following	
	a. Amou	Salary or wages	Received	by	□Yes	A No	

	b. ☐ Business, ☐ profession or ☐ other self-employment Amount Received by	□Yes	Ø. Ø.					
	c. ☐ Rent payments, ☐ interest or ☐ dividends Amount Received by	□Yes	Ø∕vo					
	d. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insurance, ☐ disability, ☐ workers compensation, ☐ unemployment, ☐ welfare, ☐ alimony or maintenance or ☐ child support ☐ Yes ☐ No							
	Amount Received by		1 4√10					
	e. ☐ Gifts or ☐ inheritances Amount Received by	□Yes	1 2€√100					
	f. Amount Received by) □Yes	ØΝο					
4.	Do you or anyone else living at the same residence have more that savings accounts? [DYes KNo Tota In whose name held: Relationship to you	n \$200 in cash o	r checking or					
5.	Do you or anyone else living at the same residence own any stoo financial instruments? Property: In whose name held: Relationship to you	□Yes	ÆNo.					
5.	Do you or anyone else living at the same residence own any recondominiums, cooperatives, two-flats, three-flats, etc.)?		, apartments,					
	Type of property: Current value:							
	in whose name held: Relationship to you;							
	Amount of monthly mortgage or loan payments:							
7.	Do you or anyone else living at the same residence own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000?							
	Property:		پين دريان م					
	Current value:							
	In whose name held: Relationship to yo	ou:						
8.	List the persons who are dependent on you for support, state your r indicate how much you contribute monthly to their support. If none	elationship to eac, check here	ch person and To dependents					

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: 12-26-08 Signature of Applicant Sca# UNIVETE (Print Name)

NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE (Incarcerated applicants only) (To be completed by the institution of incarceration)

I certify that the applicant named herein, <u>\$100</u>	t, Hildreff, I.D.# 20070028861, has the sum of
\$O8 on account to his/her credit at	(name of institution) Cook County Destot Corrections
I further certify that the applicant has the following	ng securities to his/her credit:
certify that during the past six months the applic	ant's average monthly deposit was \$ <u>3.33</u> .
(\underline{Add} all deposits from all sources and then \underline{divide}	g by number of months).
7-9-08	V. Butler
DATE	SIGNATURE OF AUTHORIZED OFFICER
•	V. Butter
	(Print name)

rev. 10/10/2007

Resident Funds Inquiry
Current User Name: PROGSERV Logout

Resid: 20070028801

Submit

Resident ld: 20070028801

Resident Name: HILDRETH , SCOTT

Date of Birth:

Location: 092F -22 -27

Account Activity:

Date	Transaction Type	Transaction Description	Amount	Balance	Held	Total
6/30/2008	DEBT FWD	ALL DEBT AT CONVERSION	0.00	0.08	0.00	0.08
6/30/2008	BALANCE FWD	BALANCE AT CONVERSION	0.08	0.08	0.00	0.08